

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020051

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

310
FILED JUN 1 1962

3058

120

VS 300
Rev. 4/59

6924

2924

3

4 1

5 1

6

7 1

8 2

9 X

10

11 130

12 91-3

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		c. CITY OR TOWN St. Charles, Mo.	
c. FULL NAME OF DECEASED (If not in hospital, give location) Sibley & Duchesne Sts.		d. STREET ADDRESS (If outside, give location) 132 Cardinal Lane	
3. NAME OF DECEASED (Type or print) First Lois Middle June Last Sitton		4. DATE OF DEATH Month 5 Day 10 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1926
9. AGE (last birthday) 35		10. IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY County Recorder Office	
11. BIRTHPLACE (City and state or country) Bond Co., Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wayne Brown		13b. MOTHER'S MAIDEN NAME Edith Hunter	
14. NAME OF HUSBAND OR WIFE Melvin Sitton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Ad		17. INFORMANT 1 Melvin Sitton	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) depressed fracture, right frontal lobe damage		INTERVAL BETWEEN ONSET AND DEATH instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car victim was in was hit by car on	
20c. TIME OF INJURY 9:50 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) right side at the rear, throwing victim out of car into street.	20e. CITY, TOWN, OR LOCATION St. Charles, Mo.	
20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sibley & Duchesne Sts		20g. COUNTY St. Charles, Mo.	
20h. STATE Mo.		20i. DATE SIGNED 5/11/62	
21. I attended the deceased from held view to May 10, 1962 and last saw him alive on _____		22. ADDRESS Coroner 12 Cunningham Ct., St. Charles, Mo.	
22a. SIGNATURE Frank R. Amal...		22b. ADDRESS Coroner 12 Cunningham Ct., St. Charles, Mo.	
22c. DATE SIGNED 5/11/62		22d. ADDRESS Coroner 12 Cunningham Ct., St. Charles, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-13-1962	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) St. Charles, Mo.		23e. DATE RECD. BY LOCAL REG. 5/13/62	
23f. REGISTRAR'S SIGNATURE Marcella Wilson		23g. ADDRESS Arthur C. Baue, St. Charles, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

VS JUN 18 1962

SEP 19 1962

VS JUN 2 1962

JUN 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David P. Paul

Licensed Embalmer No. 5060

P. O. Address St. Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.